

PLANNING FOR THE AGING IN INDIA : SOME DETERMINING FACTORS

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WHILE it is true, people grow old, no matter where they live, it is also true that aging is affected differently in different cultures. Climate, economic condition, standard of living, education and health care facilities, the structure and social attitudes toward the aging and other available resources — all these factors greatly affect aging persons in a particular society and thus largely determine the type and extent of the social services available for them.

Data about the aging in most developing countries are not available to the extent that a satisfactory demographic study can be made. Some available facts and knowledge about, and recent experiences with, the older people in India and some other nations provide the basis for this discussion.

The total number of people in India age 65 and above was 12 million in 1962¹ but the number has gone up to 18½ million in 1973² (3.2% of the total population against 10% in the United States of America). The retirement age in India usually is 55.

Type of Society :

One of the basic characteristics of the developing nations is that they are still predominantly agricultural. About 80% of the people in India live in villages and on

agriculture. The extended family structure is the common pattern. Mobility of people from one location to another is much less than it is in the western countries.

This agrarian life contributes, to a great extent, to close-knit relationships in the family, often composed of 2 to 4 generations. Most elderly people live with one or more sons and their children. When parents are old, children — especially the sons — consider themselves morally responsible for support and care for them. And the older parents are, in general, content to take care of the grandchildren, being their playmates, teachers and religious guides. Often it seems, they find the ultimate fulfilment of life in being with their grandchildren. This type of family structure and relationship provide some form of "social security" to, and help resolve many problems of, the aging in a country like India.

Social Attitudes :

The value systems of developing countries like India also contribute to the psychological and emotional adjustment of the aging. These societies mostly are not "youth and work-oriented," like the American Society. Age and experience are respected in these societies. Interdependency among family members and between generations is en-

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couraged from childhood. While some of these values help generate lack of initiative in personal life, to select one of the weaknesses of this type of family structure — they have, nonetheless, helped reduce the social and emotional problems of the aging. A westerner would, probably, be puzzled to see many men and women, in this part of the world, content to be "old" even at the age of 50. Dependency on the younger generation does not hurt their ego and causes no loss of self-esteem. Concepts of privacy, independence and non-interference in individual life are almost missing. In this culture, age in itself commands respect.

Planning

Social planning for the aging in India and other developing and culturally similar nations should be influenced by the social background depicted above. To conclude that the aging has no problem in India and no social services are necessary for them would be unrealistic. The nature and dimension of the problems, however, may be different from those in the developed nations of the west. Some of the problems of the aging in India are:

1) Industrialization is a comparatively recent phenomenon in India. With the technological innovations the traditional family life has begun to disintegrate. Often the young adult sons and daughters may have to move to other locations for work. This, sometimes, results in isolated life of the older parents.

2) The impact of western civilization and education is also breaking down traditional values and close family ties. The 3 or 4 generation family is sometimes segmented into nuclear units, especially in the cities. And, as a Japanese author has said, "especially because of post war situation, not all elderly people can expect to live with their sons."³

3) There are childless couples who may find themselves in old age without money to support themselves, without any relatives to take care of them.

4) In lower income groups, the older people have little, if any, money saved for old age. Their children, with limited income, often cannot meet even the basic needs of the parents. Economic insecurity is gradually becoming a problem for many of the aging. Since parents take it for granted that in old age they will be taken care of by their children, any failure on the children's part in this respect easily upsets the old parents, causing them great emotional strain.

5) Widows in India generally do not remarry. Very few of them have had education or skill to earn a living. Only 11.9% of the economically employed are women.⁴ They are dependent for life on relatives and many of them are found living an isolated life in poverty and rejection.

6) There is no public social security programme in India. Government pensions are available only to Government employees. This pension is non-contributory and is paid monthly to the retired employee as long as he lives. In the event of his death, the employee's widow or other dependents do not receive this pension. Since only 9% of the population are government employees, a very small minority enjoys this pension programme. This discriminatory pension system was the creation of the colonial rulers. Unfortunately, it is still in practice.

The only other social security, the "Provident Fund", covers certain employee categories like teachers, doctors, nurses, etc. This is a contributory programme. On retirement, the employee receives a "lump sum" based on his contribution. There are no monthly payments. This programme also covers only a small proportion of the working population.

7) Only a small number of public hospitals in India offer free medical services to certain categories of sick people. There are no special medical facilities for the aging, nor are there private medical insurance programmes.

8) The newest phenomenon among the aging in India is the ambivalent attitudes often found these days among the city-bred women of the elite class, who are educated and often successful professionals. These women may choose to remain single, lead a fairly independent life, though living with their family. Some of these women are retired; many more will be retiring sooner or later. The parents of most of them are dead. They are faced with a dilemma — whether to continue to live with their brother's family or "go somewhere else". But where to go? No suitable facility exists for such people. During a recent discussion about housing provisions for the aging in the United States of America, some of these women showed great interest in the idea of "Retirement Homes".

9) People in India, in general, are not much organization-minded, much less so are the aging. The only known organization of the aging as a pressure group is the All-India Federation of Pensioners' Association. This organization serves interests of only a small percentage of the aging. Here, it is also interesting to note that "Social Welfare in India", an 850 page publication by the Planning Commission, Government of India, (1955) makes no mention of the aging as an entity, while discussing social welfare services for various segments of the population, such as child, youth, women, the handicapped, etc. This shows the private and public attitudes toward the aging and toward organized social service for them.

Need for New Approach

In spite of slow industrialization and urbanization, a great many changes are

taking place in the economic and social life in India, discussed in the foregoing paragraphs. As the country will be more industrialized and technologically advanced — the goal of the Planning Commission of India — the aging will face problems similar to those of the aging in the developed countries. Taking this projection into account and considering the existing problems and the inadequacy of existing social welfare services for the aging, it may be concluded that a new approach to the problem is necessary.

In the existing circumstances in the country, what should be done and what can be done are two different things. Any planning for the aging should be done in relation to the available resources in the country, although much of the basic philosophy and principles of social welfare in the United States of America may be profitably adopted.

In view of the foregoing discussion, it would seem, the following program should be undertaken to meet the needs of the aging in India.

1) There should be a central national body to provide guidelines for planning for the aging on the local level. The Central Social Welfare Board in New Delhi could function in the capacity establishing a new department, solely responsible for services for the aging.

2) A survey should be made to collect basic data regarding the aging, their problems and the available resources. There should also be periodic surveys of similar nature to keep this information up to date.

3) Contributory old age pension plans should be introduced for all employees.

4) Children who support and care for their old parents who are without savings or pensions, should be allowed to make appropriate deductions from income tax.

5) Local welfare agencies should be encouraged and provided with guidelines to gear needed services to the aging.

6) Local authorities should help in organizing recreational activities for the aging, particularly for those from the deprived classes.

7) Housing facilities for the newly emerging retired professional women in the cities should be developed.

8) There should be a separate wing for the aging in the hospitals, so that they receive better and more prompt care.

Conclusions :

As time passes, new problems will arise and new resources may become available. People's values and attitudes are likely to change gradually. Hence the planning of

Social Welfare services for the aging must be dynamic in keeping with demands of the changing society. But a word of caution is in order while planning for the aging, great care should be taken not to destroy the age-old virtues of family ties and responsibilities towards the old parents, as "whenever a society and its families, with support of the prevailing culture, can create and sustain mutually supportive relationships between its youth and its elders, old age security rests on its firmest foundations".⁵

While social planners must be dynamic in outlook and plan for the present with a look to the future, they should also make effort to preserve the essential virtues of "our past and inheritance and derive sustenance from them. The future has to be built on the foundation laid in the past and the present."⁶

FOOTNOTES

- (1) Ministry of Information and Broadcasting, Publication Division. India, 1962. P. 20.
- (2) UN Demographic Yearbook 1973. United Nations.
- (3) Kiyoshi Ikegawa : *The Daily Life of the Average Japanese Citizen* — 1975. Seiwa College. Osaka 531. Japan.
- (4) UN Demographic Yearbook. 1973. United Nations.
- (5) *Background Paper on Family Life, Family Relationships and Friends*: Prepared under direction of Planning Committee on Family Life, Family Relationship and friends. White House Conference on Aging, U.S.A. January 9-12, 1961.
- (6) Jawaharlal Nehru : *India To-day and Tomorrow*. P. B. Indian Council for Cultural Relations. Orient Longmans. Calcutta, 1960.

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- (3) Dunham, Arthur. *Toward Planning for the Aging in Local Communities*. Unpublished Draft, 1975, to be issued by the International Federation on Aging, Washington, D.C. U.S.A.
- (4) Kiyoshi Ikegawa. *The Daily Life of the Average Japanese Citizen* — 1975. Seiwa College, Osaka 531, Japan.
- (5) Mathur, Shukla, Singh, ed. *Studies in Social Change*. Ethnographic & Folk Culture Society, Lucknow, India. 1973.
- (6) Nehru, Jawaharlal. *India Today and Tomorrow*. P. B. Indian Council for Cultural Relations. Orient Longmans. Calcutta 1960.
- (7) *Seminar on Community Planning for Older Adults*. Proceedings of a Seminar held at Brandeis University, Waltham, Mass. August 1961.
- (8) The Planning Commission. Government of India, New Delhi. *Social Welfare in India*. 1955.
- (9) Publication Division. Government of India. *India A Reference Annual*. 1961.
- (10) UN Demographic Yearbook 1973: United Nations New York, N.Y. U.S.A.